

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51		51		51		51
2							52		52		52		52
3							53		53		53		53
4							54		54		54		54
5							55		55		55		55
6							56		56		56		56
7							57		57		57		57
8							58		58		58		58
9							59		59		59		59
10							60		60		60		60
11							61		61		61		61
12							62		62		62		62
13							63		63		63		63
14							64		64		64		64
15							65		65		65		65
16							66		66		66		66
17							67		67		67		67
18							68		68		68		68
19							69		69		69		69
20							70		70		70		70
21							71		71		71		71
22							72		72		72		72
23							73		73		73		73
24							74		74		74		74
25							75		75		75		75
26							76		76		76		76
27							77		77		77		77
28							78		78		78		78
29							79		79		79		79
30							80		80		80		80
31							81		81		81		81
32							82		82		82		82
33							83		83		83		83
34							84		84		84		84
35							85		85		85		85
36							86		86		86		86
37							87		87		87		87
38							88		88		88		88
39							89		89		89		89
40							90		90		90		90
41							91		91		91		91
42							92		92		92		92
43							93		93		93		93
44							94		94		94		94
45							95		95		95		95
46							96		96		96		96
47							97		97		97		97
48							98		98		98		98
49							99		99		99		99
50							100		100		100		100
TOTAL REQ.			↓	10	↓	↓							
TOTAL DEP.			←	26	←	←							
TOTAL CLASSES			36										